

Intern/Trainee Application Form

Supervisor:_____

PERSONAL INFORMATION Last Name: First Name (as in passport):_____ Middle Name: Street Address:_____ City:_____Zip Code:____Country:____ Front door entry code "port kod" (if any):______ Telephone Number: Mobile Number:_____ E-mail Address: Alternate E-mail Address (if any): Date of Birth (mm/dd/yyyy) City of Birth (as in passport): Citizen of country:_____ Permanent Resident of Country:_____ Present Occupation: HOST COMPANY INFORMATION Name of Company: Street Address:_____ City:_____ State:____ Zip Code: _____

SACC-USA

House of Sweden 2900 K Street NW, Suite 401, Washington, D.C, 20007 WWW.SACC-USA.ORG

Teleph	none No:	
E-mail	Address:	
DATE		
Dates	of Training:	(mm/dd/yyyy-mm/dd/yyyy)
Appro	ximate dates of stay in the U.S.:	(mm/dd/yyyy-mm/dd/yyyy)
	u currently in the U.S. or have you been in st 90 days?	n the U.S. on a visa other than B-1 or visa waiver within
	No Yes, date of departure/Anticipated date	of departure:
Purpos	se of Visit:	
If you	are currently in the U.S. please submit cop	oy of your I-94 form.
Have y	ou ever been to the U.S. on a J-1 visa in t	he category Intern?
		(mm/dd/yyyy- mm/dd/yyyy)
		tegory Trainee within the past two years?
		, , , , , , , , , , , , , , , , , , , ,
_		(mm/dd/yyyy- mm/dd/yyyy)
Are yo	CATIONAL STATUS u currently enrolled in and pursuing studi gymnasial) academic institution outside th	es at a degree or certificate-granting postsecondary e U.S.?
	No Yes	
Name	of current educational institution:	
Date d	legree expected:	(mm/dd/yyyy)

SACC-USA

House of Sweden 2900 K Street NW, Suite 401, Washington, D.C, 20007 <u>WWW.SACC-USA.ORG</u>

Level o	of expected degree:			
<u> </u>	Bachelors Masters			
Other,	explain:			
Did you graduate from an educational institution as described above within the past 12 months?				
	No Yes			
Name of educational institution:				
Date d	egree awarded (date on diploma):	_(mm/dd/yyyy)		
Level of degree received:				
<u> </u>	Bachelors Masters			
Other, explain:				
Did you graduate from an educational institution as described above more than 12 months ago?				
<u> </u>	No Yes			
Name of educational institution:				
Date degree awarded (date on diploma):(mm/dd/yyyy)				
Level of degree received:				
	Bachelors Masters			
Other,	explain:			
Number of years of experience in occupational field:				
_ _	< 1 year > 1 year > 5 years			

SACC-USA

House of Sweden 2900 K Street NW, Suite 401, Washington, D.C, 20007 <u>WWW.SACC-USA.ORG</u>

FUND	ING	
	Stipend from Host Company, per month:	
	Personal savings/Sponsoring family, per training period:	
☐ Funding from the U.S. government or your own government (such as student loan)		
	Describe and state amount:	
Other, describe and state amount:		
Signatu	re: Date: (mm/dd/yyyy)	

SACC-USA

House of Sweden 2900 K Street NW, Suite 401, Washington, D.C, 20007 WWW.SACC-USA.ORG